

Thurrock Coalition



Informing the Thurrock Council Adult Social Care Mental Health Peer Review

About Thurrock Coalition

Thurrock Coalition is a voluntary sector organisation and the Thurrock Council appointed Disabled Peoples' User Led Organisation (DPULO) for Thurrock. A company limited by guarantee, it has 4 partner members, all of which are involved in delivering services and/or representing disabled people, older people, carers and other vulnerable people. They are:

Thurrock Mind – a registered Charity, affiliated to National Mind

Thurrock Lifestyle Solutions CIC – a Community Interest Company

Thurrock Centre for Independent Living – a registered Charity

Thurrock Diversity Network Limited – a Community Benefit Society

These organisations work in close partnership to deliver services themselves and seamlessly through the Thurrock Coalition providing advice, information, guidance and advocacy on a range of issues affecting disabled people, older people, their families and carers. One of our main aims is to consult and engage with residents of Thurrock to co-produce, shape and influence Thurrock Council policies and strategies around Adult Social Care.

In Q1 2018/2019 Thurrock Council made a request for Thurrock Coalition to plan, facilitate and run an engagement event to gather the views of individuals, family members, carers with lived experience of accessing and using Mental Health Services and support in Thurrock. The results of which would help to inform the upcoming Thurrock Council Adult Social Care Peer Review, scheduled for June 2018.

The current contract between Thurrock Coalition and Thurrock Council stipulates that:

Thurrock Coalition has a key role in ensuring that people who use services and carers in Thurrock have an active voice.

It was agreed that this process needs to be informed by the views of citizens of Thurrock to ascertain what individuals want local Mental Health services and support to look like going

forward, in terms of personalisation, dignity, respect, breadth of choice and control, wellbeing, and early intervention and prevention and how Thurrock Council and health and social care partners and providers can effectively work alongside them to continually improve services.

Outcomes

Thurrock Coalition recognises that the experiences (past, present and future) of individuals, family members and carers experiencing Mental Health services and support are varied and wide-ranging. We provided background information, context and explained key terms and the scope of the Peer Review in the form of an accessible EasyRead document (reproduced in the Appendices to this Report). This was made available in paper form as well as online and via a digital survey.

By the end of the process:

- a) Individuals, family members, carers with lived experience of accessing and using Mental Health Services will have expressed and elaborated upon their views, needs and experiences in relation to Mental Health Services & Support that is currently available in Thurrock.

- b) Participants will also have expressed views on the experience that they should expect to have and what would improve the experience further. Their views will be analysed and collated to inform the Thurrock Council Adult Social Care Mental Health Peer Review and any subsequent strategy/actions in this area.

The workshop held by Thurrock Diversity Network Limited (TDN)

As the Consultation and Engagement arm of Thurrock Coalition, Thurrock Diversity Network Limited (TDN) ran a consultation and engagement workshop of 2 hours in duration. This was held at The Beehive, West Street, Grays RM17 6XP on 17th May 2018 with 28 individuals, carers and third sector professionals in attendance, sourced from across the Thurrock Coalition networks.

Audience/Participants

- Individual members of TDN with various impairment types/experience of Disability and/or an interest in Disability issues.
- Family members, parents and Carers.
- Professionals working in the third sector with relevant knowledge, skills and experience of supporting people with various impairment types, including mental health conditions.

Solution-focussed approach

As part of the consultation and engagement workshop we adopted a Solution-focussed approach when discussing the topics with participants.

In collating and summarising the feedback, we have sought to “triangulate” the findings where similar views and experiences have originated from more than one source. In doing so, we:

- Recognised and focussed upon the strengths and capacities of individuals to respond to the challenges they face, as active citizens in control working towards solutions, and as equal value partners with providers and statutory services.
- Emphasised the view of service provision as a mutual learning experience for individuals and service providers alike.
- Sought to depersonalise challenges or problems encountered by individuals, by looking at wider causes and factors involved, that is, the person is not the problem, the problem is the problem.
- Sought to explore future, possibilities, ideas and suggestions for improvement, rather than solely focussing upon the past.

The scope and the questions asked

- a) Do the current organisations that provide mental health services locally have the right approach? Do they help you to look at what you want to achieve and to think about what a good life looks like to you? Do they treat people as individuals, with dignity and respect and choice and control over the support they receive?
- b) Are you happy with the range of services that’s available? If not, why not?
- c) Name one thing that would make your life easier when you’re not feeling well (mental health)
- d) Do the current services offered by Essex Partnership University NHS Foundation Trust (EPUT) help to keep you well and prevent you from getting into crisis, or do they only react when things go wrong?
- e) Do you feel that you’re able to get the help you need when you need it?
- f) Do you feel that the different organisations work well together when providing services and support at the moment? Think about places like GPs (general practitioners), community pharmacists, as well as Adult Social Care, housing and mental health service providers.
- g) What would you change? What needs to improve?

Extrapolated actions/areas for consideration

- The Services that people are aware of, such as Thurrock Mind, Thurrock Advocacy Service, Inclusion have the right approach.
- Individuals described mixed experience of GPs, Secondary Care – often GP practice dependent in terms of skills, knowledge, experience, specialism and awareness of staff.
- Need to greater support from the Crisis Team, at weekends and out of hours.
- Provide a 24-hour hotline for people to access.
- Provide a regular, walk-in service for people needing help immediately.
- Provide peer support, safe space for opportunities to talk, as experts by experience.
- Adopt a more personalised, strengths-based (as opposed to medicalised) approach to support people in a more holistic way.
- Increase funding to Third Sector organisations that provide and maintain early intervention and prevention.
- Ensure better information provision and communication of what other support organisations can provide.
- Provide more easily accessible support through named Care Co-ordinators and thus better continuity of care.
- Need to improve GP, primary care, A&E and frontline staff awareness of mental health through ongoing training, including Mental Health First Aid
- Look at available community spaces and more holistic ways to keep people well: peer support, cycling, mindfulness, meditation, yoga etc.
- Alter the system so that hospital staff do not have to wait until individuals are in crisis before admitting them.
- Create more events/outlets and promotional materials in accessible formats to advertise all services, including statutory and Third Sector Services/Support.
- Improve and then publicise the online Information & Advice Portal/Directory maintained by the Local Authority. In addition, services like Young Minds needs better support, and more needs to be done to educate schools around mental health support and to reach and support Black, Asian, Minority Ethnic groups.
- Move away from Crisis management to provide support to prevent a crisis
- Make access to counselling more flexible, so that it's quicker and easier to access, and reduce the waiting lists for counselling.
- Referral routes are too stringent and too medicalised. Waiting until an individual is in real crisis, and therefore likely to become known to other statutory services is costly and not preventative.
- See the individual (not their mental health condition) and help to look for solutions to issues that may be exacerbating their situation. Recognise the adverse impact that these issues are having upon their mental health.
- Carry out work to improve integration and partnership workings across Health, Adult Social Care, Housing (particularly for medical priority and Mental Health) and Third Sector organisations so that people don't "fall through the gaps".
- Recruit a Commissioner for Mental Health, Autism and Dementia as soon as possible.

Conclusion

This Report has explored where Thurrock is now according to people with lived experience of Mental Health services and where they want to be, along with areas for development and improvement. Thurrock Council are advised to consider the need to address the issues raised throughout the consultation and engagement exercise.

It is hoped that the identified actions be used to inform the upcoming Peer Review in this area. And that future action plans are drafted in co-production with all stakeholders - Including individuals with lived experience, carers and family members, as equal value partners alongside health, social care and third sector representatives throughout the planning, design, delivery, review and evaluation of any service or support improvements to ensure that services and support meet the needs of the community as they change over time.

Thurrock Coalition – June 2018

Appendix 1: List of individuals, carers and representatives who attended the Consultation and Engagement workshop

- Thurrock Diversity Network Limited (TDN) members
- Representatives from and individuals, carers and family members supported by: Thurrock Mind, Thurrock Advocacy Service, Cariads, the Recovery College/Inclusion Thurrock, BATIAS, Contact the Elderly, Thurrock Centre for Independent Living, (TCIL), World of Work, Preparing for Work, Thurrock Lifestyle Solutions, CaPa (The Parent/Carer Participation Group), Parent Advisory Team Thurrock, Thurrock Stroke Project, Ategi – Shared Lives, and the Independent Chair of the Adult Safeguarding Board.

**Appendix 2: Verbatim Feedback gathered at the Thurrock Diversity Network Limited (TDN)
Consultation and Engagement Workshop**

Question	Assessment of current achievements (Score out of 10)	Recommendations for further improvements: (What a “10 out of 10” score would look like)
<p>a) Do the current organisations that provide mental health services locally have the right approach.</p> <p>Do they help you to look at what you want to achieve and to look at what a good life looks like to you?</p> <p>Do they treat people as individuals, with dignity and respect and choice and control over the support they</p>	<p>TDN</p> <ul style="list-style-type: none"> • I have been treated very well by secondary care services. • Young people need more services. There’s not enough available when they need it. • Had to change (my) G.P. who was not helpful. If discharged (it’s) important the G.P. is willing and understanding. • Some people don’t know they’re heading into crisis – family essential to monitoring a person’s condition • Need a drop-in centre. Thurrock Mind offer services, but not a drop-in anymore (funding). • Yes – a good team – Grays Hall – CPN and Social Worker and Psychiatrist is very good. • In crisis – Social Worker knows the triggers and responds to prevent admission to hospital • Continuity of care • Advanced Statement helps as is known to the service (10 years) 	<p>TDN</p> <ul style="list-style-type: none"> • 24-hour hotline for mental health • Drop-in, regular staff – safe space • Thurrock First to provide Mental Health support – 24 hours <p><u>Recommendations for Grays Hall</u></p> <ul style="list-style-type: none"> • Consistency of support needed • Staff to be realistic on promises made to individuals • The service is no longer local for individuals

receive?



- Crisis – out of hours (evenings, overnight, Fridays and weekends – score 3/10)

- Thurrock Mind (9/10)
- Past experience of Grays Hall Community Mental Health (4/10)
- Inclusion Thurrock
- Recovery College
- Visions
- Crisis Team
- Thurrock Council Adult Social Care

- The services we know about (Thurrock Mind) We feel do have the right approach
- Yes – the Thurrock Advocacy Service supports around these issues
- Individuals with impairments often have their difficulties ignored within the bigger picture – needs to be more holistic.
- Approach and strategies need to be adapted for the needs of the individual. E.g. Cognitive Behavioural Therapy (CBT) for Autism

World of Work – Preparing for Work

- Care-co-ordinators not always available – can't leave a message or contact her when I need to, and I'm never told when she is going to be on leave.

- The service is very medicalised and focused upon the medical issues, more than trying to help.
- They currently don't use the social support in the area, they need to link more with community teams before prescribing medication

Thurrock Mind

- Services have been cut and not doing all the activities that previously have helped

General

- Better communication & understanding of what other services can provide
- Information needs to be easier to source

World of Work – Preparing for Work

- Need more support groups – talking opportunities

	<ul style="list-style-type: none"> • The Recovery College was good – a very long wait, but it's not their fault • Recovery College was good but the process to get an appointment via the reception staff was difficult • Telephone Assessment was ok, but I prefer face-to-face • They didn't offer many services or options, but when the service was provided, it was good. • Grays Hall dictate the service I receive – I don't get support when I need it, and have to wait for them to contact me, so they dominate the timescale. <p>Average score 6.5/10</p>	
Question	Assessment of current achievements (Score out of 10)	Recommendations for further improvements: (What a "10 out of 10" score would look like)
<p>b) Are you happy with the range of services that's available? If not, why not?</p> <p></p>	<p>TDN</p> <p>i) - GPs – if you're in crisis – needs more training - No appointments, call back next week - Locums - Call 999 (Current score: 2/10)</p> <p>ii) - Pharmacist (current score: 10/10)</p>	<p>TDN</p> <ul style="list-style-type: none"> • Mental Health awareness and mental health first aid training for Primary Care staff: Receptionists/staff/GP/Nurses and domiciliary care staff to have an understanding of mental health (not just a short part of their induction)

	<ul style="list-style-type: none"> • No – need a drop-in centre where you can go when you need support. • Services not available 24 hours – there’s nothing during evenings and weekends when people need it and they know you so you don’t have to explain everything from scratch each time. • Churches offer coffee mornings but more are needed. • The waiting list for Counselling is too long • A&E has psychiatric nurses and they don’t always admit you unless you are in crisis and at serious risk. • There is a lack of joined up services and a lack of understanding of Young Peoples’ needs • Lack of understanding of carers/parents specific needs <p>World of Work – Preparing for Work</p> <ul style="list-style-type: none"> • Services are good but there’s a long wait for services if you’re in a bad place the wait can be difficult • Not sure what is available, other than secondary care – good service via GP 	<ul style="list-style-type: none"> • More coffee mornings, peer support opportunities in the community are needed – a “Crisis Café” • Counselling needs to be more flexible – 6 weeks may not be long enough for some – the waiting list needs to be drastically reduced • Need something more effective regarding early intervention and prevention via A&E so people aren’t discharged back to the community with no support services to access • Peer groups are beneficial to support each other • There should be more specialist Mental Health (and ASD/ADHD) GPs • More joined up thinking and opportunities for professionals to understand what services can offer
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Question	Recommendations for further improvements: (What a “10 out of 10” score would look like)
<p>c) Name one thing that would make your life easier when you're not feeling well (mental health).</p> 	<p>TDN</p> <ul style="list-style-type: none"> • 24 hour hotline, someone to talk to • Third Sector Triage; feeling unwell • On the assessment ward the smoking concessions stopped – this needs to be reversed as it isn't helpful in getting over a crisis – it's not the time to give up smoking. • There needs to be easier and quicker access to help to stop decline early – this would save money too. • Have someone to talk to who understands • Somewhere to go – a quiet space • Meeting people to talk to • No pressure to talk, but being with the support • Knowing where to go to get help quickly <p>World of Work – Preparing for Work</p> <ul style="list-style-type: none"> • Easier and quicker access to counselling/therapy when unwell • Care-Co-ordinator to inform me when taking annual leave and who will be supporting in her absence

Question	Assessment of current achievements (Score out of 10)	Recommendations for further improvements: (What a “10 out of 10” score would look like)
<p>d) Do the current services offered by Essex Partnership University NHS Foundation Trust (EPUT) help to keep you well and prevent you from getting into crisis or do they only react when things go wrong?</p> 	<p>TDN</p> <ul style="list-style-type: none"> • If something goes wrong – can go to PALS (Current score 9/10) • There is not enough to keep people well – it reacts and doesn’t prevent. Only given the “Silver Cloud” website to access for tips and exercises. • They only react when things go wrong • Services seem to be crisis management rather than support to prevent crisis 	<p>TDN</p> <ul style="list-style-type: none"> • Should offer more holistic ways to keep people well, such as cycling groups, mindfulness, meditation, yoga etc. • By having local staff that know the area and facilities available • Create more events to advertise all services. Websites need to be updated • Local newsletter with details of all services available • Different accessible formats for promoting material <p>World of Work – Preparing for Work</p> <ul style="list-style-type: none"> • Prevention would be good, but more money and resources are needed to do this effectively – Services are

		only able to fight the flames when things go wrong
Question	Assessment of current achievements (Score out of 10)	Recommendations for further improvements: (What a “10 out of 10” score would look like)
<p>e) Do you feel that you're able to get the help you need when you need it?</p>  	<p>TDN</p> <ul style="list-style-type: none"> • Yes – because I'm in the system • No if I'm in crisis (not well) • No – the GPs can only refer to Grays Hall or you can go to A&E – neither can really help as you need full psychiatric input. • If you aren't self-aware, how do you know you need services? Not everyone has family to support them to get help. This means people have to be in real crisis, which will then flag up with police and other services • No! • Have to wait for GP to refer and then (have to wait) for the service. Services are often time-limited – 10 sessions maximum (5/10) • Not as easily as in the past. The Community Mental Health Team (with EPUT and Thurrock Council ASC Social Workers) was once in Orsett Road, in Grays Town and was accessible to the community. It then moved to Bridge Road, which was not 	<p>TDN</p> <ul style="list-style-type: none"> • Better early intervention and prevention • Better information sharing • Need quick access to help – would be cheaper • As previously specified above • A walk-in service for people needing help immediately

centrally accessible. The Team is now based in the Civic offices, making the service not Community accessible

World of Work – Preparing for Work

- I don't know when I'm unwell so can't ask for it – other agencies have to get involved for me to get help.

Question	Assessment of current achievements (Score out of 10)	Recommendations for further improvements: (What a “10 out of 10” score would look like)
<p>f) Do you feel that the different organisations work well together when providing services and support at the moment? Think about places like GPs (general practitioners), community pharmacists, as well as Adult Social Care, housing and mental health service providers.</p> 	<p>TDN</p> <ul style="list-style-type: none"> • No, the organisations don't work well together – the Housing department at the council doesn't work with mental health services. Housing sees physical impairments but not mental health. Housing are really bad at assisting homeless people with mental health conditions – providing inappropriate housing, in the wrong areas and being away from carers/family pushes people back into crisis. • Individuals rely on the goodwill of friends and family to help out and fill the gaps • Housing/Homeless Department have no empathy or understanding of mental health or people's needs. • My increase in banding level for housing based on medical priority has not been confirmed and I've had no response to my calls from the homeless team. I've tried 10-15 times and my calls have not been returned • GPs do not work well with other organisations • Little transition support for young people going from Children's Mental Health Services to Adult Services (4/10) 	<p>TDN</p> <ul style="list-style-type: none"> • Pharmacists having information on services in the area • Closer working between Adult Social Care, Housing and Mental Healthcare • Mind need to make their services better known to the community • The Local Authority also need to publicise services more effectively – we know that there is a Director of Services, but none of us know where to find it! • Services like Young Minds needs better support, and more needs to be done to educate schools around mental health support and to reach and support Black, Asian, Minority Ethnic groups.

	<ul style="list-style-type: none">• There is currently no Commissioner within the Local Authority with lead responsibility for Mental Health, Autism and Dementia (since September 2016). <p>World of Work – Preparing for Work</p> <ul style="list-style-type: none">• Overall, they seem to, but referrals still take a long time – longer than they should	<ul style="list-style-type: none">• Recruit a Commissioner with responsibility for Mental Health, Autism and Dementia as soon as possible – this will help support the local Partnership Boards, Groups and Forums to co-produce and shape local plans and to monitor the progress for improved services in terms of Mental Health, Autism and Dementia.
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Question	Assessment of current achievements (Score out of 10)	Recommendations for further improvements: (What a “10 out of 10” score would look like)
<p>g) What would you change? What needs to improve?</p> 	<p>TDN</p> <ul style="list-style-type: none"> • There is a better service from <u>some</u> GPs once someone is discharged from secondary care 	<p>TDN</p> <ul style="list-style-type: none"> • 24-hour helpline • Mental Health promotion (awareness) • Mental Health First Aid • Drop-ins – Prevention – stops people having to go to their doctors, Grays Hall or being told to go to A&E • General Nurses need Mental Health Awareness • An accessible service with quicker access to support to prevent decline into crisis • More resources • More money • There are too many gaps – these need to be filled • Need better communication between council, homelessness, housing services and teams and mental health services • More funding instead of cuts • More training for community services to work together

		<ul style="list-style-type: none">• Better communication between services• Better education at earlier stages to understand mental health issues to reduce the stigma of asking for help. <p>World of Work – Preparing for Work</p> <ul style="list-style-type: none">• Easier access – drop-in centres – informal groups to discuss life issues – holistic services for life issues working with mental health professionals.
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Thurrock Council Adult Social Care Mental Health Peer Review— June 2018

Easy Read Version



EasyRead Document created by:
Thurrock Coalition



An online version of this document can be completed at:

<https://www.surveymonkey.com/s/68078/>

[ThurrockMHPeerReview](#)

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WHAT IS THIS BOOKLET ALL ABOUT?



This booklet is to help people to understand what a Peer Review is, how it works, what it means for people in Thurrock and how to have your say on the mental health support and services you receive.

WHAT IS THE LOCAL GOVERNMENT ASSOCIATION?



The Local Government Association is national organisation. It's members include 415 Local Councils.

The Local Government Association works with councils to support, publicise and improve them.

The Local Government Association gives Local Councils a voice when speaking to National Government

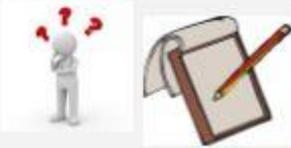
WHAT IS A PEER REVIEW



A Peer Review is a short visit by some experts.

The visit is organised by a council and involves a small team of local government officers and councillors spending time at the council to interview people who work at the Council, to ask them questions and share what they find out.

WHY IS IT IMPORTANT TO HAVE A PEER REVIEW?



HOW LONG DOES A PEER REVIEW LAST?



WHO IS ON THE PEER REVIEW TEAM?

A Peer Review is a good way to help Councils to improve how they provide support and services to the people that live in the local area.

The Council can pick the topic for the Peer Review.

The Topic is all about Mental Health Services & Support in Thurrock.

The Local Government Association Peer Review in Thurrock will last 3 days, (12-14th June 2018).

Day one: Interviews with individuals and professionals

Day two: Interviews with individuals and professionals

Day 3: The experts gather their findings and recommendations from the interviews and present these to the Council.

- **Lead Peer** – A Director of Adult Social Care (with experience of mental health and personalised services)
- **Member Peer** - (A Councillor) – Leader or Portfolio Holder, Conservative

WHO IS ON THE PEER REVIEW TEAM?



- Health Peer – Clinical Commissioning Group (CCG) Senior Officer
- Senior Officer Peer 1 – Assistant Director/Head of Social Care
- Senior Officer Peer 2 – From the Eastern Region with experience of Mental Health services
- LGA Peer Review Manager

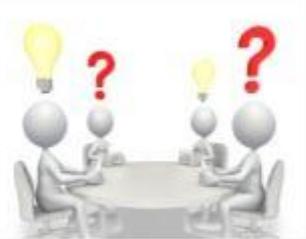
WHAT QUESTIONS WILL THE TEAM BE ASKING?

Question	Your views & feedback
<p>a) Do the current organisations that provide mental health services locally have the right approach? Do they help you to look at what you want to achieve and to think about what a good life looks like to you? Do they treat people as individuals, with dignity and respect and choice and control over the support they receive?</p>	

**WHAT QUESTIONS WILL
THE TEAM BE ASKING?**

Question	Your views & feedback
<p>b) Are you happy with the range of services that's available? If not, why not?</p> <div data-bbox="300 616 641 750"></div>	

**WHAT QUESTIONS WILL
THE TEAM BE ASKING?**

Question	Your views & feedback
<p>c) Name one thing that would make your life easier when you're not feeling well (mental health)</p>   	

**WHAT QUESTIONS WILL
THE TEAM BE ASKING?**

Question	Your views & feedback
<p>d) Do the current services offered by Essex Partnership University NHS Foundation Trust (EPUT) help to keep you well and prevent you from getting into crisis, or do they only react when things go wrong?</p> 	

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Question	Your views & feedback
<p>e) Do you feel that you're able to get the help you need when you need it?</p>   	

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Question	Your views & feedback
<p>f) Do you feel that the different organisations work well together when providing services and support at the moment? Think about places like GPs (general practitioners), community pharmacists, as well as Adult Social Care, housing and mental health service providers.</p> 	

**WHAT QUESTIONS WILL
THE TEAM BE ASKING?**

Question	Your views & feedback
<p data-bbox="284 472 614 577">g) What would you change? What needs to improve?</p>  An illustration showing two white 3D stick figures on a large, upward-pointing arrow. The arrow is colored with a gradient from red at the bottom to green at the top. One figure is at the base of the arrow, and the other is at the top, appearing to be climbing or standing on it. The background is white.	

WHAT HAPPENS NEXT?



The Peer Review Team are visiting Thurrock from 12th—14th June 2018.

We will gather everyone's views, feedback and responses to the questions and then Thurrock Coalition will write a Report.

We will send the Report to the Peer Review Team so they have a chance to read it before the visit Thurrock in June 2018.

The Peer Review Team will write a Final Report with recommendations about how to improve local mental health services

Thank you for taking the time to let us know your views